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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

AMENDED  
COMPLAINT

MARTEZ DUNCAN (S11963)

**FILED**

**MAY 19 2022 SH**

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Correctional Officer Green

Case No: 22 cv 1339  
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: MANTZ DUNCAN
- B. List all aliases: N/A
- C. Prisoner identification number: 511963
- D. Place of present confinement: Western Illinois Correctional Center
- E. Address: 7500 Rt. 99 South, Mt. Sterling, IL 62353

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Correctional Officer GREEN  
Title: Correctional Officer  
Place of Employment: Stateville Correctional Center
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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APPROVED  
Complaint

**III.** List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: 21-cv-2283
- 
- B. Approximate date of filing lawsuit: 4-27-21
- 
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: David Gomez, Anna McBeth, Rob Jeffreys, Correctional Officer Green
- 
- D. List all defendants: David Gomez, Anna McBeth, Rob Jeffreys, Correctional Officer Green
- 
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois
- 
- F. Name of judge to whom case was assigned: Matthew T. Kennelly
- 
- G. Basic claim made: Conditions, Excessive Force
- 
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed
- 
- I. Approximate date of disposition: 8-30-21
- 

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

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## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1 Excessive Force. On 3-24-21 I voluntarily received the second dose of a covid vaccine provided by Moderna, I started experiencing moderate pains in my back. I was assigned to Unit W, Cell 212. C/o Green was assigned to the unit. I alerted C/o Green of my pains and the probability of the adverse reaction to the covid vaccine and asked to access the Health Care Unit, and was told no verbally, he said "that there's no way that's gonna happen" I was Denied Health care twice more verbally before I began to ask to speak to a superior officer. While my hand was placed in the chuck hole I insisted on a Sgt. or Lt. Officer to be called. C/o Green began to physically remove my hand by closing the chuck hole while my hand remained. At that failed attempt he then began punching my hand hammer style to try to remove it, he also pressed his full body weight against the ~~other~~ chuck hole flap. After the assault I suffered clear physical injury, and my hand was busted open and bleeding, I showed C/o Green this and again asked to access health care now that I'm bleeding and he still denied me access to receive treatment. And he still refused to call a superior officer.

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V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

To be compensated max amount, To be transferred to Centralia Correctional Center, To be allowed to work in the Illinois Correctional Industry, To have C/o Green reprimanded and terminated

VI. The plaintiff demands that the case be tried by a jury.  YES  NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this May day of 14, 2022

Manter Duncan  
(Signature of plaintiff or plaintiffs)

Manter Duncan  
(Print name)

511963  
(I.D. Number)

2500 RT. 99 South

Mt. Sterling, IL 62353  
(Address)

MANTER DUNCAN 511963  
2500 Ft. 99 South  
Mt. Sterling, IL 62353

This Correspondence is  
from an Individual in Custody in the  
Illinois Department of Corrections

THE  
INSPECTED SERVICE  
INSURANCE  
MANAGERS

U.S. District Court  
• 219 S. Dearborn Street  
Chicago, Illinois 60604

